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**PEDIATRIC RESPIRATORY EMERGENCIES  
(Birth to 14 Years of Age)**

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**FIELD ASSESSMENT/TREATMENT INDICATORS**

Asthma  
Toxic Inhalation  
Difficult Breathing  
Allergic Reaction

**BLS INTERVENTIONS**

1. Assess environment and determine possible causes
2. Remove patient from suspected source and decontaminate as indicated
3. Recognize s/s of respiratory distress for age
4. Reduce anxiety, assist patient to assume POC
5. Oxygen administration as clinically indicated, (humidified oxygen preferred)

**ALS INTERVENTIONS**

1. Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible
2. Cardiac monitor
3. Nebulized Albuterol 2.5 mg via hand held/blow by, may repeat
4. Nebulized Albuterol 2.5 mg in 3 ml NS with Atropine 0.4 mg may be given in the third dose with Base Hospital Contact only
5. If no response to Albuterol, consider Epinephrine (1:1000) 0.01mg/kg SC not to exceed adult dosage of 0.3mg
6. Obtain vascular access at a TKO rate
7. Consider Protocol Reference #7011 Pediatric Allergic Reaction if allergic reaction suspected
8. Base Hospital may order additional medication dosages and fluid bolus